

FLAT KNIT CUSTOM ORDERS

VenoTrain® curaflow

222

Hospital

222



Customer name: _____ Customer no.: _____

Contact: _____

Order date: _____ Previous order no.: _____

Patient name: _____

Quotation Order

Signature/Company stamp: _____

Toe caps

Colors Cream Caramel Black
 Anthracite Navy Bordeaux

Compression Ccl1 Ccl2 Ccl3
 left leg
 right leg

Quantity Left foot _____
 Right foot _____

Toes:

Open toes
 Without little toe
 Closed toes
 Toes attached to stocking
 Toe cap attached to stocking

Edging:

Porous
 Compressive

All sizes in cm.
 The purchaser is responsible for ensuring that all size information is correct.
 Custom-made products are non-returnable.

Special requests: _____

